

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010814

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 64

Primary Registration District No. 5245

Registrar's No.

STATE FILE NUMBER

FILED MAR 18 1963

VS 300
Rev. 4/59

1 0210

2 0210

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1290-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Chariton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Keytesville, Mo.Length of stay in 1b
87-Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 205*-Center St.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Chariton

c. CITY OR TOWN Keytesville

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
205 - Center St.Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

William

Bruce

4. DATE OF DEATH

Month

Day

Year

March

10th

1963

5. SEX

Male

6. COLOR OR RACE

Black

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-5-1876

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm Laborer

11. BIRTHPLACE (City and state or country)

Dalton, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Bruce

13b. MOTHER'S MAIDEN NAME

Elizabeth Tucker

14. NAME OF HUSBAND OR WIFE

Serena Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

XXXXXX

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Rosetta Smith Keytesville, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension

DUE TO (c)

Age

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/9/63 to 2/10/63 and last saw him alive on 2/10/63

Death occurred at 1045 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-13-1963

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Keytesville, Mo.

24. FUNERAL DIRECTOR

H.D. Garnett

ADDRESS

Keytesville, Mo.

25. DATE RECD. BY LOCAL REG.

March 11, 1963

26. REGISTRAR'S SIGNATURE

Donald W. Berry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, ~~Student Embalmer No.~~ _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

H. D. Gammitt

Licensed Embalmer No. 3046

P. O. Address Ray, Tenn. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.